



Naandawechige-Gamig Wikwemikong Health Centre

This letter is to inform you that Naandawechige-Gamig Wikwemikong Health Centre has provided a Family/Personal Preparedness Plan to fill out and utilize where applicable. Please fill this out to the best of your abilities with family involvement if you are able to and keep it somewhere visible and safe. It provides some topics to think about as we are about to receive the Per Capita Distribution from the RHT Settlement.

We are also providing a resource page with various numbers to call if you are in need, these resources are all up to date and have been verified by our staff. If there is a resource that is not identified on the page that you may want to reach or is applicable to you our Crisis Response Team can assist you in getting connected.

If you ever would like to have Narcan/Naloxone kits in case of emergencies, phone Naandwe Miikan's 24/7 line at 705-280-9310 and we will ensure that you receive it.

Vision: *Wholistic well-being of the community*

Mission: *To provide access of all opportunities of traditional and western health care to the community*

Individual/Family Safety Plan

Name: _____

Date: _____

Immediate Well-Being and Safety Needs

Housing Security: Stable Unstable Notes/Concerns: _____
Food Security: Adequate Inadequate _____
Transportation: Available Limited _____
Health Care Access: Sufficient Insufficient _____

Emotional & Mental Health Support

Current Safety Concerns (if any):

Emergency Contact (s):

Supportive Services Available (Crisis Response Team – 705-348-1771, Low Barrier Shelter 705-929-3105, HopeforWellness – 1-855-242-3310, Talk4Healing – 1-888-200-9997, etc.):

Current Counselling/Therapy: Yes No
Provider: _____ Contact Information: _____

Peer Support Groups:

Financial Stability

Financial Literacy Education: Needed Not Needed
Budgeting Assistance: Yes No
Bank Account: Yes No
Current Debts: _____
Savings Goals: _____
Plans for Settlement Allocation:

Individual/Family Safety Plan

Name: _____

Date: _____

Family & Social Dynamics

Family Members involved in planning:

Child Care Needs: _____

Elder Care Needs: _____

Key Supportive Relationships:

Contact Information:

Conflict Resolution Needs (if applicable):

Power of Attorney (if applicable):

Name: _____

Contact Information: _____



Withdrawal Management Services (Detox) is a short-term service that provides a helpful, safe locations for individuals experiencing substance withdrawal. These are ALL VOLUNTARY programs and individuals can self-refer also.

WITHDRAWAL MANAGEMENT PROGRAMS

Withdrawal Management Services (WMS) - Sudbury *24/7

Ages 16yrs +

705-671-7366, 336 Pine St, Sudbury

Oaks Withdrawal Management Services - Elliot Lake *24/7

Ages 16yrs +

705-848-7182 Ext 3304 or 3303, 9 Oakland Blvd, Elliot Lake

Royal Victoria Regional Health Centre, Barrie *24/7

16yrs +

705-728-4226/1-866-850-7034 *Toll Free, 70 Wellington St W, Barrie

Withdrawal Management Services - North Bay *24/7

1-833-434-7800 *Toll Free, 50 College Dr, North Bay

Northway Wellness Centre - Great Northern Rd, SSM *24/7

16yrs +

705-942-1872, 145 Old Garden River Rd, Sault Ste Marie

Montfort Renaissance Inc, Ottawa *24/7

16yrs +

613-241-1525, 1777 Montreal Rd, Ottawa

MENTAL HEALTH RESOURCES/CONTACTS

HOPE FOR WELLNESS 24/7	1-855-242-3310	www.hopeforwellness.ca Online Chat Available
REACH OUT 24/7	1-866-933-2023 Text 519-433-2023	www.reachout247.ca Online Chat Available
TALK SUICIDE 24/7	9-8-8 Text 988	www.988.ca
GOOD2TALK HELPLINE 24/7	1-866-925-5454 Text GOOD2TALKON to 686868	www.good2talk.ca Online Chat Available
KIDS HELP PHONE 24/7	1-800-668-6868 Text CONNECT to 686868	www.kidshelpphone.ca Online Chat Available
TALK4HEALING (women) 24/7	1-855-554-4325	www.beendigen.com
ELDERS SAFETY LINE	1-866-299-1011	www.eapon.ca/seniors-safety-line/
ASSAULTED WOMENS HELPLINE	1-866-863-0511	www.awhl.org

LOCAL RESPONSE SERVICES

Mnidoo Mnising Mental Wellness Crisis Response Team - 24/7 **(705) 348-1937**

Harm Reduction Response Team - 24/7 **(705) 280-9310**

9-1-1 FOR EMERGENCIES

